

MONTANA CODE ANNOTATED

TITLE 50. HEALTH AND SAFETY CHAPTER 6. EMERGENCY MEDICAL SERVICES

Part 4. State Trauma Care System

50-6-401. Definitions. As used in this part, unless the context clearly requires otherwise, the following definitions apply:

- (1) "Department" means the department of public health and human services provided for in Title 2, chapter 15, part 22.
- (2) "Emergency medical service" means an emergency medical service as defined by 50-6-302.
- (3) "Health care facility" or "facility" means a hospital, critical access hospital, or medical assistance facility as defined in 50-5-101.
- (4) "Hospital trauma register" means patient-specific trauma data that is maintained by a health care facility, in a format prescribed by department rule, and that has the primary purpose of facilitating peer review and quality improvement at the health care facility.
- (5) "Quality improvement" means the process of defining trauma care system performance standards, collecting data against which the standards may be applied, using the data to determine compliance with the standards, and using the data and compliance information in a nonpunitive manner, including peer review, that will continuously improve performance and facilitate compliance with the standards.
- (6) "State trauma register" means trauma data relating to a specific patient or health care facility that is maintained by the department in an electronic format and that has the primary purpose of facilitating peer review and quality improvement for a health care facility or a trauma care system.
- (7) "Trauma" means a severe, abrupt injury to the human body that is caused by mechanical, environmental, thermal, or other physical force.
- (8) "Trauma care committee" means the trauma care committee created in 2-15-2216.
- (9) "Trauma care system" means a state or regional system for the prevention of trauma and the provision of optimal medical care to trauma victims that includes both provision of appropriate health care services and provision of emergency medical care, equipment, and personnel for effective and coordinated prehospital, hospital, interhospital, and rehabilitative care for trauma patients.
- (10) "Trauma facility" means a health care facility designated by the department pursuant to 50-6-410 as providing a specialized program in trauma care with appropriately trained personnel, equipment, and other facility resources that are specifically organized to provide optimal care to a trauma patient at the facility.

(11) "Trauma region" means a geographic area, designated by department rule pursuant to 50-6-402, within which trauma services are coordinated and evaluated through a regional trauma care system.

50-6-402. Department duties -- rules.

(1) The department shall plan, coordinate, implement, and administer a statewide trauma care system that involves all health care facilities and emergency medical services within the state. The department shall also develop and adopt a statewide trauma care system plan and a state trauma register.

(2) The department shall adopt rules to:

- (a) establish and coordinate the statewide trauma care system, including rules that establish:
 - (i) various levels of trauma facilities and the standards each facility is required to meet concerning personnel, equipment, resources, data collection, and organizational capabilities;
 - (ii) procedures for, standards for, and the duration of designation and revocation of designation of a trauma facility, including application procedures, site survey procedures, complaint investigation, and emergency suspension of designation;
 - (iii) operational procedures and criteria for the regional trauma advisory committees;
 - (iv) prehospital emergency medical services triage and treatment protocols for trauma patients;
 - (v) triage and treatment protocols for the transfer of injured persons between health care facilities;
 - (vi) requirements for collection and release of trauma register data;
 - (vii) quality improvement standards for emergency medical services and trauma care facilities; and
 - (viii) the duties, responsibilities, and functions of the trauma care committee created by 2-15-2216 and the regional trauma care advisory committees created pursuant to 50-6-411;
- (b) designate trauma regions throughout Montana, taking into consideration geographic distance from available trauma care, transportation modalities available, population location and density, health care facility resources, historical patterns of patient referral, and other considerations relevant to optimum provision of emergency medical care;
- (c) establish the procedure to be followed by a health care facility to appeal to the department a decision by the department pursuant to 50-6-410 affecting the facility's designation as a trauma facility;
- (d) specify the information that must be submitted to the department, including information from health care facilities, for statistical evaluation of the state and regional trauma care systems, planning prevention programs, assessing trauma-related educational priorities, and determining how trauma facilities and emergency medical services may comply with protocols and standards adopted by the department; and
- (e) establish the electronic format and other standards that a health care facility trauma data system is required to meet in order to qualify as a hospital trauma register.

(3) The department shall submit a report to each session of the legislature concerning the effectiveness of the trauma care system established under this part.

(4) This part does not restrict any other provisions of law allowing or requiring a health care facility or health care provider to provide health care services.

50-6-404. Duties of trauma care committee. The trauma care committee provided for in 2-15-2216 shall:

(1) provide recommendations and guidance to the department concerning:

- (a) trauma care, including suggestions for changes to the statewide trauma care system;
- (b) the implementation of a hospital data collection system; and
- (c) the design and implementation of a statewide and regional quality improvement system for trauma care that considers the standards recommended by the American college of surgeons and the joint commission on accreditation of healthcare organizations;

(2) assist the department in conducting statewide quality improvement and peer review functions by regularly analyzing the effect of the statewide trauma care system on patient care, morbidity, and mortality; and

(3) provide recommendations to and oversight and coordination of the activities of the regional trauma care advisory committees.

50-6-410. Department designation of trauma facility -- revocation of designation -- appeal.

(1) In order to be designated as a trauma facility, a health care facility shall submit to the department an application, on a form specified by the department, that provides the information required by department rule.

(2) Upon receipt of a completed application for designation as a trauma facility, the department shall review the application for compliance with standards adopted by the department for designation of trauma care facilities. If the facility meets the standards adopted by the department, the department shall designate the facility as a trauma care facility, specifying the level of trauma care determined by the department to be appropriate for the facility.

(3) The department may revoke a designation as a trauma care facility if the facility no longer meets the requirements for designation or otherwise violates a department standard required to maintain designation.

(4) The department shall notify the applicant in writing of the department's decision to approve, deny, or revoke a health care facility's designation as a trauma facility.

(5) A health care facility that submitted an application pursuant to subsection (1) may appeal a department decision refusing to designate the facility, a decision designating the facility for a different level of trauma care than requested by the facility, or a decision to revoke a designation as a trauma facility. In order to appeal the decision, the health care facility shall

submit a written request for a hearing to the department within 30 days after the facility receives notice of the department's decision. The hearing on the appeal must be conducted pursuant to 2-4-604.

(6) Unless the appellant agrees to an extension of time, the department shall, within 30 days of its decision in an appeal pursuant to subsection (5), serve the appellant with written findings and conclusions that form the basis for the department's decision.

50-6-411. Regional trauma care advisory committees.

(1) Each trauma facility designated by the department pursuant to 50-6-410 shall appoint one representative to a regional trauma care advisory committee for the region in which the facility is located.

(2) Members of a regional trauma care advisory committee serve 4-year terms, except that one-half of the members initially appointed shall, as determined by lot, serve 2-year terms. If a vacancy occurs, the appointing authority shall appoint a replacement to fill the unexpired term. Members may be reappointed and may be removed for cause by the appointing authority.

(3) Members of a regional trauma care advisory committee shall elect a presiding officer who shall serve a term of 2 years.

(4) Members of a regional trauma care advisory committee do not receive compensation from the state and may not be reimbursed by the state for their expenses.

(5) Regional trauma care advisory committees have the duties provided in 50-6-412.

50-6-412. Duties of regional trauma care advisory committees. A regional trauma care advisory committee shall:

(1) establish standards, policies, procedures, and protocols for the regional trauma care system;

(2) conduct regional trauma care quality improvement, including receipt of reports prepared by the department containing trauma care data and making recommendations to trauma care facilities within the region based upon those reports;

(3) advise the trauma care committee concerning the statewide trauma care system;

(4) establish trauma education and injury prevention programs;

(5) provide advice concerning trauma care to health care facilities and other providers of health care;

(6) perform other duties required by department rule; and

(7) conduct other activities needed to ensure optimal delivery of trauma care services within the region.

50-6-415. Confidentiality.

(1) Data in a health care facility's hospital trauma register and reports developed from that data pertaining to quality of trauma care may be given by the facility only to:

- (a) the facility's peer review committee;
- (b) the regional trauma care advisory committee of the region in which the facility is located;
- (c) the trauma care committee; or
- (d) the department.

(2) Data in the state trauma register and hospital trauma registers is not subject to discovery in a civil action and may not be introduced into evidence in a judicial or administrative proceeding.

(3) Data and reports concerning peer review, quality improvement, or the quality of the trauma care provided by a health care facility or a health care provider that are produced by a regional trauma care advisory committee or the trauma care committee or provided by a health care facility to a regional trauma care advisory committee or the trauma care committee, as well as the proceedings of those committees concerning peer review and quality improvement, are not subject to discovery in a civil action and may not be introduced into evidence in a judicial or administrative proceeding.

(4) A statistical report on trauma and trauma care developed by the department that does not identify specific health care facilities, health care providers, or patients is not confidential and is considered public information.

(5) A statistical report developed by a health care facility from information in its hospital trauma register that does not pertain to peer review or quality improvement is not confidential and is considered public information.

(6) Information in a department record or report that is used to evaluate and improve the quality of emergency medical service and trauma care by a health care facility or emergency medical service is not subject to discovery and may not be introduced in evidence in a judicial or administrative proceeding.

(7) Information in a department record or report that is used to determine whether a health care facility will be designated or lose its designation as a trauma care facility is not confidential and is considered public information.

(8) A standard or protocol adopted by the department pursuant to this part may not be used to demonstrate negligence or lack of negligence by a health care provider or health care facility to whom the standard or protocol applies.